

Registration Form for International collaborating Workshop 2020
China Academy of Art School of Design&Innovation

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|--------------------------------|----------------------|-----------------|---|----------------------|----------------------|
| Last name | <input type="text"/> | First name | <input type="text"/> | Middle | <input type="text"/> |
| Address | <input type="text"/> | | | City | <input type="text"/> |
| Nationality | <input type="text"/> | Zipcode | <input type="text"/> | Mobile Phone | <input type="text"/> |
| Email | <input type="text"/> | Passport Number | <input type="text"/> | Birth date | <input type="text"/> |
| Work association or college | <input type="text"/> | | Contact (Tel.) of work association or college | <input type="text"/> | |
| Person to contact in emergency | <input type="text"/> | | | Phone | <input type="text"/> |
| Education background | <input type="text"/> | | Years of teaching experience | <input type="text"/> | |
| Research Field | <input type="text"/> | | Theme of self-determined course | <input type="text"/> | |

Teaching Plans and directions
(Attaching documents are accepted)

Signature

Date